

## **CALA Testimony Regarding SB 477 - AN ACT CONCERNING THE PUBLIC HEALTH OF RESIDENTS OF THE STATE.**

CALA is a statewide organization that represents the owners and operators of some 150 managed residential communities (MRC) offering Assisted Living services to Connecticut's older adults and senior citizens.

**Thank you for the opportunity to testify before you today on SB 477.** CALA appreciates and takes to heart the Public Health committee's concern regarding caring for vulnerable residents with Alzheimer's, dementia, and other similar conditions, but we have concerns with SB 477 as currently drafted. While CALA would support some of the disclosures put forth in the proposed legislation, we have serious concerns that, for instance, it requires a different – more intensive -- level of care than is allowed in the managed residential community setting. The bill appears to overlay on MRCs many of the staffing and regulatory requirements imposed upon nursing homes, which provide a higher level of skilled nursing and serve patients with greater acuity. Additionally, our members are still grappling with workforce issues brought on by this pandemic and it is crucial that they have flexibility to staff according to the unique needs of each community.

Under the MRC model, our residents must be “chronic and stable” to live in our communities, because MRCs are not licensed to provide nursing home-level skilled care. Our residents live independently in residential communities with apartment-style accommodations. They can opt for support services -- assistance with activities of daily living--through what are known as ALSAs, or Assisted Living Service Agencies. In contrast, nursing homes are clinical settings where residents require skilled nursing care.

Although residents in MRC dementia special care units suffer from Alzheimer's disease, dementia, or other similar disorder, these conditions are on a spectrum. Each resident has a certain level of independence, depending on their physical and cognitive abilities, which they are allowed to maintain if their safety is not compromised. The proposed provisions in this bill, including prescriptive, nursing home-type staffing ratios, are incongruous with the MRC/ALSA model.

The current Public Health Code (PHC) requires that the RN Supervisor of ALSAs be responsible for ensuring that sufficient numbers of **Assisted Living aides (do they have to have any qualifications?)** are available to meet the needs of clients at all times based on the clients' service plan. DPH is responsible for licensing ALSAs and provides appropriate regulatory oversight if sufficient staffing is not being provided. Furthermore, dementia special care units are currently required by statute to disclose staffing ratios and to update the disclosures if there are changes.

In addition, the current PHC provides for a Bill of Rights for MRC/ALSA residents, which includes the right to make arrangements with agencies, including home care agencies and

private duty aides, depending on their individual needs. In some cases, multiple agencies may service one MRC community as residents contract directly with agencies of their choice based on their individual needs. Crucially, a resident's needs are assessed by the ALSA upon admission and every 120 days, or upon a change in condition, and the ALSA is required by state regulation to determine the appropriate staffing accordingly. Implementing a staffing ratio would be unduly prescriptive and would compromise the independence afforded to residents who do not require a uniform level of direct care.

Concerning Section 2(d), requiring daily postings as envisioned in this section poses an enormous challenge in the MRC setting where multiple agencies may service one community. Direct care staffing is specific to each resident and may not be overseen by one agency. As such, it is not practical to require a centralized daily posting of staffing.

Finally, Section 2(g) would require levels of oversight by aides that are inappropriate for their level of training. Aides assist in feeding, but they are not responsible for serving the meals. Aides provide day-to-day assistance with activities of daily living. They are not licensed staff and are not qualified to diagnose residents or make judgments about a resident's health. And the phrase "substantial bedtime nourishment" is vague.

For all these reasons, CALA respectfully opposes the bill as currently drafted and urges the Committee's rejection pending further discussion and input with industry stakeholders. We stand ready to work with you to ensure our seniors are cared for in the safest, healthiest, most appropriate manner possible. There is no higher calling.

CALA remains available to serve as a resource to committee members as these and other assisted living proposals evolve.

Thank you for your consideration.